

WISHA REGIONAL DIRECTIVE

WISHA Services

Department of Labor and Industries

33.27 Cholinesterase Depression

Date: July 12, 2004

I. Background

The Department of Labor and Industries adopted Chapter 296-307-148 WAC, Cholinesterase Monitoring, in October 2003. The cholinesterase monitoring rule requires agricultural employers to document hours employees spend handling toxicity category I or II organophosphate or N-methyl-carbamate cholinesterase-inhibiting pesticides. Employees who meet a specified handling hour threshold are provided with the opportunity to participate in a medical monitoring program.

WISHA is required to evaluate the Cholinesterase Monitoring rule by organizing a scientific team and a stakeholder advisory committee. The collection of information related to the use of covered pesticides, especially for cases showing a significant depression, is required for an effective evaluation. To facilitate the collection of information and to assist employers with their compliance efforts, WISHA is offering consultation services to each employer with one or more employees showing a significant cholinesterase depression. WISHA is also prepared to use enforcement resources and activity if necessary to collect information.

II. Scope and Application

This WISHA Regional Directive (WRD) provides guidance to WISHA consultation and enforcement staff regarding follow-up data collection for a reported significant cholinesterase depression under the cholinesterase monitoring rule for agriculture (Chapter 296-307-148 WAC). It replaces the original WRD 33.27, issued April 19, 2004.

III. WISHA Consultation Protocols

A. *When will WISHA offer consultation services to employers?*

The Department of Health will inform WISHA Policy & Technical Services (P&TS) of all employee cholinesterase depressions greater than 20% from baseline. WISHA P&TS will refer these reports to the appropriate Regional Consultation Supervisor to initiate contact (within two work days) of the employer and scheduling of a consultation.

WISHA P&TS will confirm that the health care provider has received the notice of employee cholinesterase depression and plans appropriate employer notification prior to contacting the consultation supervisor.

B. Will consultation services be prioritized?

Yes, cholinesterase depressions to the pesticide-handling removal level will take priority. For these cases, the goal is to be on-site within 3 days of initial contact with the employer. If the consultation cannot be scheduled within one week of initial contact the Regional Consultation Supervisor will contact P&TS.

Cholinesterase depressions to the work evaluation level only will be scheduled within two weeks of initial contact with the employer. If the consultation cannot be scheduled within two weeks the Regional Consultation Supervisor will contact P&TS.

C. How will consultation services be conducted?

Generally, the consultant will perform a comprehensive consultation and use the Helpful Tool contained in WAC 296-307-148, "Worker Protection Standard Checklist of Requirements" to conduct an evaluation of the employer's worker protection and cholinesterase-monitoring programs.

In addition to routine consultation information collection, data will be collected on the "Cholinesterase Monitoring Follow-Up Form," attachment A to this WRD. This will allow the department to conduct an analysis of the cholinesterase-monitoring rule. Completed copies of these forms will be submitted to the Occupational Nurse Consultant in WISHA Policy & Technical Services.

IV. WISHA Enforcement Protocols

The following protocols will be followed in addition to the normal practice of initiating inspections in response to complaints, multiple hospitalizations or fatalities.

A. When will enforcement inspections be conducted as a result of a reported cholinesterase depression?

WISHA Policy & Technical Services (P&TS) may refer a case of cholinesterase depression to field enforcement staff when either:

- A timely consultation cannot be scheduled with the employer

OR

- The employer has cases of multiple or repeated depressions.

WISHA consultation staff will notify P&TS if an employer does not agree to and schedule a consultation in a timely manner. P&TS will work with employer associations and the employer to schedule a timely consultation. If a solution cannot be achieved, P&TS may refer the case to field enforcement staff for appropriate action. The focus of the inspection will be the employer's cholinesterase monitoring program and their compliance with the worker protection standard.

In addition to routine inspection information collection, data will be collected on the “Cholinesterase Monitoring Follow-Up Form,” attachment A to this WRD. This will allow the department to conduct an analysis of the cholinesterase-monitoring rule. Completed copies of these forms will be submitted to the Occupational Nurse Consultant in WISHA Policy & Technical Services.

B. Will enforcement staff receive other referrals for cholinesterase depressions?

Referrals from other agencies, such as WSDA or DOH, are not anticipated for cholinesterase depressions; however, these agencies are expected to continue making referrals for other pesticide-related issues. Worker complaints may also be received and inspections should be scheduled following existing WISHA guidelines.

Approved: _____

Michael Wood

Senior Program Manager, WISHA Policy & Technical Services

For further information about this or other WISHA Regional Directives, you may contact WISHA Policy & Technical Services at P.O. Box 44648, Olympia, WA 98504-4648 or by telephone at (360)902-5503. You also may review policy information on the WISHA Website (<http://www.lni.wa.gov/Safety/>).

Cholinesterase Monitoring Follow-up Form

Complete this form for each employee who has had a cholinesterase depression greater than 20% from baseline. Interview the employee whenever reasonable.

Attach copies of or include the information from the following:

1. *Pesticide handling hour records*
2. *Written recommendations and opinions from received from the physician or licensed health care provider.*
3. *Employer work practice investigations and corrective actions*
4. *Pesticide label*
5. *Medical removal records.*

Employer name		Address/Telephone	
Crop Type(s)		Number of acres	
Employee Name	Birth Date	Years employed as pesticide handler	
WSDA certified applicator <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, describe training)			

List all toxicity class I and II organophosphate and N-methyl-carbamate pesticides handled by this employee in the last 30 days

(attach copies of spray records, if available)

List any additional OP/CARB pesticides already applied by this **employer** this year

Cholinesterase Monitoring Follow-up Form

If the employee had an exposure removal depression:

- ☐ Employer notified by medical professional on (date): _____
- ☐ Employee removed from OP/CARB handling on (date): _____
(Explain if not removed)

- ☐ Handling hours and duties for OP/CARB after the blood test but before removal:

- ☐ Employee's pay and benefits maintained? (Y or N) explain

- ☐ Employee removed from all work ? (Y or N)
- ☐ Other duties employee assigned to (describe):

- ☐ Date of follow-up blood test (if available): _____
- ☐ Date returned to OP/CARB handling activities (if returned): _____

Cholinesterase Monitoring Follow-up Form

Describe pesticide handling activities for the employee and each pesticide (be specific):

- ☐ Mixing/loading pesticide(s)
- ☐ Application methods and equipment pesticide(s)
- ☐ Equipment maintenance pesticide(s)
- ☐ Other pesticide(s)

Identify the personal protective equipment provided/used for each handling duty and pesticide:

- ☐ Respirator, fit test, cartridge, change schedule, and manufacturer:
- ☐ Glove type, material, change schedule, and manufacturer:
- ☐ Protective clothing type, material, change schedule, and manufacturer:
- ☐ Decontamination procedure
- ☐ Describe the employee's work clothing and how it is handled

Cholinesterase Monitoring Follow-up Form

Describe other potential exposures for this employee:

- ☐ Handling pesticides for another employer:
- ☐ Drift exposure:
- ☐ Early reentry:
- ☐ Personal use of pesticides:
- ☐ Other:

Education and notification of cholinesterase test results (include comments on services):

- ☐ Employees trained per WAC 296-307-14840?
- ☐ Employee discussed the risks and benefits of cholinesterase monitoring with a medical provider?
- ☐ Employee and employer notified of cholinesterase test results and interpretations by medical provider?

This form completed by (Name, Title)

Date

SEND A COPY OF THIS FORM ALONG WITH THE "WORKER PROTECTION
STANDARD CHECKLIST OF REQUIREMENTS" TO THE OCCUPATIONAL NURSE
CONSULTANT IN WISHA POLICY & TECHNICAL SERVICES MAIL STOP 44610
FAX 360-902-5438